IUDICIAL CAI CAMPAIGN FI	COVER SHEET PG 1		
The JC/OH Iнstruction Guz	b∈ explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed
CANDIDATE / OFFICEHOLDER NAME	Judge Jon NICKNAME LAST. WISSER	MI N .	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	P.O. Bx 1748 Au	city state zipcode ustin T+ 78767	
5 CAMPAIGN TREASURER NAME	TITLE FIRST N 13 NICKNAME LAST	MI	Receipt # 25 C C C C C C C C C C C C C C C C C C
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	N/u	SUITE # CITY. STATE.	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
8 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (officeholder only) Final report (Attach JC/OH - FR)
9 PERIOD COVERED	Month Day Year TH		PO / 9 9
10 ELECTION	Month Day Year ELECTION	N TYPE	General Special
11 OFFICE	2991 District Co	unt- 12 OFFICE SOUGHT (AN	the first of the fine of the first of the fi
DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campa Candidates are required to disclose this info	rign expenditures made by others with	hout the candidate's prior consent or appro on of the direct campaign expenditure
BY OTHER INDIVIDUALS	Name	NA	
additional pages	Address / PO Box Apt / Suite # City. State	Zip Code	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:

FORM JC/OH COVER SHEET PG 2

C/OH NAME	Jon	N. Wisser	15 ACCOUNT # (Ethics Commission filers)
SUPPORTING POLITICAL COMMITTEE(S)	may have been mad	des political expenditures by political committees to support the cale without the candidate's or officeholder's knowledge or consent. Cale on only if they receive notice of such expenditures.	ndidate / officeholder. These expenditures indidates and officeholders are required to
	COMMITTEE TYPE	COMMITTEE NAME	
ļ	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
	-	COMMITTEE CAMPAIGN TREASURER ADDRESS	,
CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN 2ED \$ -0~
·	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ -O-
	4. TOTA	L POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL OF TH	\$ -0 -	
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C DAY OF THE REPORTING PERIOD	\$ 750°
8 AFFIDAVIT	•		by of perjury, that the accompanying reports all information required to be reported be
	MARY LOUISE AGUIRF MY COMMISSION EXPIR February 15, 2003	RES	Candidate or Officeholder
AFFIX NOTARY	STAMP / SEAL ABO	· · · · · · · · · · · · · · · · · · ·	- P
Sworm to and subscribe		said Jon N. WISSIT this the and and seal of office.	ne 13 day of July
٦, ا		ine Mary Louise Agairre	Notary

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070		(512) 463-5800	1-800-325-8506	
OUTSTANDING LOANS SCHEDULE L						
The Instruction Gui	DE explains how to complete	this form.		1 Total pages Schedule L:		
2 FILER NAME	Jon N.	Wisser		3 ACCOUNT# (Ethics Commit	ision filers)	
LENDER INFORMATION	4 Name of lender Jon N	Wisser			<u> </u>	
	5 Lender address;	City;	State;	Zip Code	• • • • • • • • • • • • • • • • • • • •	
	PO B2 1748	Auto	Tx	78767		
GUARANTOR INFORMATION	6 Name of guarantor					
not applicable	7 Guarantor address	City;	State,	Zip Code		
LENDER INFORMATION	Name of lender				**************************************	
	Lender address;	City;	State;	Zip Code	,	
GUARANTOR INFORMATION	Name of guarantor		- /-			
not applicable	Guarantor address;	City;	State;	Zip Code		
LENDER INFORMATION	Name of lender					
	Lender address;	City;	State	Zip Code		
GUARANTOR INFORMATION	Name of guarantor	Printed and the second				
not applicable	Guarantor address;	Сну:	State;	Zip Code		
LENDER INFORMATION	Name of lender					
	Lender address;	City;	State;	Zip Code		
GUARANTOR INFORMATION	Name of guarantor		<u> </u>			
not applicable	Guarantor address:	City;	State;	Zip Code		
	ATTACH ADD	ITIONAL COPIES OF THIS	FORM AS N	EEDED		

	as Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800 1-800-325-8506
	ASSETS VALUED AT \$500 OR MORE	SCHEDULE M
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule M
2	FILER NAME	31 ACCOUNT # (Ethics Commission filers)
4	Description of Asset	
	Description of Asset /	
	Description of Asset	
	Description of Asset	,
	Description of Asset	
	Description of Asset	
	Description of Asset .	
	Description of Asset	
	Description of Asset	
_	ATTACH ADDITIONAL COPIES OF THIS FORM AS NE	EDED